

# ARPA 9817 Workforce Stabilization Provider Incentive Program: Provider Application

\* Required

## **Introduction: Workforce Stabilization Provider Incentive Program**

Using the Centers for Medicare and Medicaid Services (CMS) guidance provided in the State Medicaid Director's letter (SMD-21-003) regarding American Rescue Plan Act (ARPA) Section 9817 implementation, the Department of Human Services (DHS) has proposed a two-phase process, within the Arkansas Home and Community Based Services (HCBS) Spending Plan (the Spending Plan), to allocate the additional federal medical assistance percentage (FMAP) funding to providers.

The following application is intended for eligible providers that choose to participate in Phase 1 of the Spending Plan. In Phase 1, DHS will allocate funds to HCBS providers through the Workforce Stabilization Provider Incentive Program (the Program). Providers must use Program funds to provide recruitment and retention incentives to direct service provider (DSP) employees through a combination of eligible incentive categories, including hiring, retention, and complex care retention bonuses.

Providers may select to participate in any or all incentive categories that best align with the business needs of the provider and employees. Providers whose applications are approved by DHS will receive their distribution of funds based on the number of eligible beneficiaries served and claims paid during State Fiscal Year 2021 (July 1, 2020 through June 30, 2021). Program funds may be applied to the three incentive categories throughout the Program participation period or until provider-specific allocated funds are expended.

## Introduction (continued)

DHS will distribute up to \$112 million in ARPA Section 9817 funds to eligible providers that apply by the deadline of **March 11, 2022 at 11:59PM CST**. Eligible providers are those that provide HCBS Medicaid services as described in Appendix B of SMD-21-003. DHS defines eligible providers as those that deliver services in the following programs:

- Adult Behavioral Health Services for Community Independence 1915(i) State Plan, Provider Type: 26/R6
- AR Choices 1915(c) HCBS Waiver, Provider Types: 32, TCM, 97, 55, 56, 57, 98
- Autism 1915(c) Waiver, Provider Type: 06/AX
- Community and Employment Supports 1915(c) HCBS Waiver within PASSE, Provider Type: 67/H7
- Independent Choices, Provider Type: 87
- PACE, Provider Type: 93
- State Plan Personal Care Services, Provider Type: 32 (Excluding 03 school setting)
- State Plan Home Health Services, Provider Type: 14/H3
- State Plan Behavioral Health Services within PASSE, Provider Types: 26/R6, 96/04, 96/C9

Providers' allocation amount will be calculated based on the provider's total active beneficiary count (by TIN) and the providers' total paid claims for State Fiscal Year 2021 (by TIN).

For additional information on eligible provider types and the distribution methodology, refer to the Program Operations Plan [[https://humanservices.arkansas.gov/wp-content/uploads/ARPA\\_Provider-Incentive-Operations-Plan\\_2.17.22.docx](https://humanservices.arkansas.gov/wp-content/uploads/ARPA_Provider-Incentive-Operations-Plan_2.17.22.docx) ([https://humanservices.arkansas.gov/wp-content/uploads/ARPA\\_Provider-Incentive-Operations-Plan\\_2.17.22.docx](https://humanservices.arkansas.gov/wp-content/uploads/ARPA_Provider-Incentive-Operations-Plan_2.17.22.docx))] and the FAQ [<https://humanservices.arkansas.gov/wp-content/uploads/DHS-ARPA-9817-FAQ-DRAFT-3.1.2022f.docx> (<https://humanservices.arkansas.gov/wp-content/uploads/DHS-ARPA-9817-FAQ-DRAFT-3.1.2022f.docx>)].

## Instructions

1. Providers must complete all questions in Section 1, Provider Demographic Information.
2. Providers must select a minimum of one (1) incentive category in Sections 2, 3, or 4.
3. Providers should select all incentive categories they are considering for participation. Providers may update incentive category choices until the Program participation period ends (i.e., March 31, 2024) or until provider-specific allocated funds are expended.

**\*\*\*IMPORTANT\*\*\* Providers must submit this Provider Application by 11:59PM on Friday, March 11, 2022 to be included in the funding distribution model developed by DHS. Acceptance of ARPA 9817 Provider Incentive Program funds is optional. \*\*\*IMPORTANT\*\*\***

## Section 1: Provider Demographic Information

### 1. Provider Name \*

Input the provider's name as it is found in the Arkansas Medicaid Management Information System (MMIS).

### 2. Provider Tax ID Number \*

Input the provider's full Tax Identification Number (TIN) as found in the MMIS.

### 3. Provider Address \*

Input the address as found in the MMIS of the corporate / administrative office for the provider.

### 4. Provider Telephone Number \*

Input the telephone number as found in the MMIS number of the corporate / administrative office for the provider.

### 5. Contact Name \*

Input the contact name for the individual assigned to receive communication related to this application.

## 6. Email Address \*

Input the email address for the individual assigned to receive communication related to this application (i.e., the contact provided in Question 5).

## 7. Number of Current DSP Employees \*

Input the provider's total number of currently employed DSP employees (i.e., a non-duplicated count of full-time, part-time, and hourly) currently delivering home- and community-based service programs as described in the Introduction of this application.

The value must be a number

## 8. Number of Beneficiaries as of Application Date \*

Input the total number of Medicaid beneficiaries served through eligible programs as listed in the Introduction by the provider at the time of application.

The value must be a number

## 9. Service Payment Arrangement \*

Identify if you provide services through Fee-For-Service (FFS) arrangements, through the Provider-led Arkansas Shared Savings Entity (PASSE), or both. Mark all PASSE managed care networks the provider received payments from in calendar years 2021 and 2022 to date.

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Fee-For-Service

☐

PASSE: Arkansas Total Care

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PASSE: CareSource

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PASSE: Empower Healthcare Solutions

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PASSE: Summit Community Care

## Section 2: Hiring Bonus

The hiring bonus incentive category allows for new DSP's hired during the Incentive Program participation period, to receive a bonus payment after the first thirty (30) calendar days of employment.

Requirements:

- This is a one-time hiring bonus made to new DSP hires
- Hiring bonuses must not exceed \$1,000
- The provider must certify that new DSP hires completed their first thirty (30) calendar days of employment
- Full-time, part-time, and hourly employees are all eligible for this bonus

### 10. Election to participate in hiring bonus incentive category \*

For providers electing to participate in the Program's hiring bonus incentive category, indicate so by checking the box below.

☐ Yes

☐ No

### 11. Expected Recruitment Goals (number of new of employees) \*

Input the number of net new DSP employees the provider plans to hire during the Incentive Program participation period.

**Note: Applicants may provide an approximate number. Responses are for data collection and reporting only. Achieving the recruitment goal is not a condition to receive funding.**

The value must be a number

## Section 3: Retention Bonus

The retention bonus incentive category allows for bonus payments to DSPs who exceed six (6) continuous months of employment with the same employer.

Requirements:

- Provider may pay multiple retention bonuses to employees during the Incentive Program participation period
- Bonuses must not exceed \$15,000 per employee ARPA throughout the effective period Incentive Program participation period.
- The provider must certify the DSP completed six (6) continuous months of employment with the same employer
- Full-time, part-time, and hourly employees that meet the definition of a DSP described in the Operations Plan are  
all eligible for this category

### 12. Election to participate in retention bonus incentive category \*

Indicate the provider's choice to participate in the Program's retention bonus incentive category, by checking one of the boxes below.

☐ Yes

☐ No

### 13. Retention bonus baseline (number of DSP employees) \*

The value must be a number

## Section 4: Complex Care Retention Bonus

The complex care retention bonus allows for bonus payments to DSP's who provide care to individuals with complex care needs. Bonuses can be earned on a recurring basis up to a Complex Care Retention Bonus cap of \$3,500 per DSP.

Requirements:

- Providers may pay bonuses on a regular and / or recurring basis as determined by the provider  
DSP's may earn multiple bonuses up to the \$3,500 cap during the APRA effective period Incentive Program participation period.

**Note: Complex care cases are defined as HCBS beneficiaries with a history of legal involvement, elopement risk, combative or aggressive behavior, multiple inpatient placements, identified as wheelchair- and / or bed-bound, or have Department of Children & Family Services (DCFS) and / or Department of Youth Services (DYS) involvement.**

### 14. Election to participate in complex care retention bonus incentive category \*

Indicate the provider's choice to participate in the Program's complex care bonus incentive category, by checking one of the boxes below.

☐ Yes

☐ No

### 15. Estimated Number of Complex Cases \*

Based on the parameters for complex care outlined above, provide an estimate of the number of complex cases your organization serves at the time of application, below.

The value must be a number



## 16. Application Submission \*

The applicant attests that to their knowledge the information provided in this application is true and accurate as of the time of submission. By submitting this application, the applicant confirms participation in the Workforce Stabilization Provider Incentive Program and attests to following the requirements set forth in the Program Operations Plan [[https://humanservices.arkansas.gov/wp-content/uploads/ARPA\\_Provider-Incentive-Operations-Plan\\_2.17.22.docx](https://humanservices.arkansas.gov/wp-content/uploads/ARPA_Provider-Incentive-Operations-Plan_2.17.22.docx)]([https://humanservices.arkansas.gov/wp-content/uploads/ARPA\\_Provider-Incentive-Operations-Plan\\_2.17.22.docx](https://humanservices.arkansas.gov/wp-content/uploads/ARPA_Provider-Incentive-Operations-Plan_2.17.22.docx)).

☐ Yes

☐ No

## Disclaimer

**DHS intends to use the information collected in this application to determine a final count of participating provider for funding allocations and to estimate utilization of each incentive category. The information provided in this application will not be used for purposes or programs outside of the HCBS Spending Plan.**

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